

NOV 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township 26 mo
City St. Louis

Registration District No. 399

Primary Registration District No. 1007

File No. 36549

Registered No. 2

St. Ward

2. FULL NAME

(a) Residence, No. 4097 Miller, Wernburg, Mo.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.

9. Industry or business in which
work was done, as silk mill,
saw mill, bank, etc.

10. Date deceased last worked at
this occupation (month and
year)

11. Total time (years)
spent in this
occupation

12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

17. INFORMANT
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE Summit Hill

DATE Oct 5, 1937

19. UNDERTAKER
(ADDRESS)

20. FILED

W. T. Wilcox Funeral Service
Wernburg, Mo.

Oct 3, 1937 M. Mc Brown

Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

Oct 2, 1937
I HEREBY CERTIFY, That I attended deceased from
Sept 30, 1937 to Oct 2, 1937

I last saw him alive on Oct 2, 1937 Death is said
to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:

Intestinal Obstruction

Date of onset

9-10-37

Other contributory causes of importance:

Coronary & Sigmoid (Colon) 1936

Name of operation Colostomy Date of 10-2-37

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. E. Sheldon, M. D.

(Address) 822 W. 1st

R. C. Mo.

